



IMPORTANT: PLEASE SEE REVERSE SIDE FOR INSTRUCTIONS

PLEASE PRINT PLAINLY OR TYPE ALL ENTRIES. THIS FORM MUST BE SIGNED, NOTARIZED AND FILED WITH THE RETIREMENT SYSTEM PRIOR TO YOUR DEATH TO BE EFFECTIVE.	For Office Use Only

Registration Number	
Name	Social Security Number
AddressApt. or Unit #	Former Name
City, StateZip Code	Date of Birth

To the Comptroller of the State of New York.
Designation of Primary Beneficiary(ies). I hereby name the following beneficiary(ies) to receive any ordinary death benefit, payable on my behalf. If I have named more than one beneficiary, it is my intention that those living at the time of my death should share equally any benefit payable. I reserve the right to change the designation at any time.

<div>1NameRelationship (Check one) Birth DateSpouseParentChildOther AddressStreetApt. or Unit # CityStateZip Code</div>	<div>4NameRelationship (Check one) Birth DateSpouseParentChildOther AddressStreetApt. or Unit # CityStateZip Code</div>
<div>2NameRelationship (Check one) Birth DateSpouseParentChildOther AddressStreetApt. or Unit # CityStateZip Code</div>	<div>5NameRelationship (Check one) Birth DateSpouseParentChildOther AddressStreetApt. or Unit # CityStateZip Code</div>
<div>3NameRelationship (Check one) Birth DateSpouseParentChildOther AddressStreetApt. or Unit # CityStateZip Code</div>	<div>6NameRelationship (Check one) Birth DateSpouseParentChildOther AddressStreetApt. or Unit # CityStateZip Code</div>

Designation of Contingent Beneficiary(ies). If all the above named beneficiaries die before I do, any ordinary death benefit, payable on my behalf, shall be paid to the following. If I have named more than one beneficiary, it is my intention that those living at the time of my death should share any benefit equally. Furthermore, if I out-live these beneficiaries, any benefit payable should be paid to my estate or any other beneficiary I name thereafter. I reserve the right to change this designation at any time.

<div>1NameRelationship (Check one) Birth DateSpouseParentChildOther AddressStreetApt. or Unit # CityStateZip Code</div>	<div>3NameRelationship (Check one) Birth DateSpouseParentChildOther AddressStreetApt. or Unit # CityStateZip Code</div>
<div>2NameRelationship (Check one) Birth DateSpouseParentChildOther AddressStreetApt. or Unit # CityStateZip Code</div>	<div>4NameRelationship (Check one) Birth DateSpouseParentChildOther AddressStreetApt. or Unit # CityStateZip Code</div>

MEMBER'S SIGNATURE	Date
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Employed By:	Street	City	State	Zip Code
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Acknowledgment To be Completed by a Notary Public

State of ss:

County of

On this__day of__, 20__before me personally appeared__to me known and known to me to be the same person described in and who executed the foregoing instrument, and__he duly acknowledged to me that__he executed the same.

NOTARY PUBLIC (Please sign and affix stamp)

IMPORTANT

If you find this form is not suited for the type of designation you prefer, please advise the Retirement System. In the meantime, for your protection and the protection of your beneficiary(ies), you should make an interim designation using this form.

This form is for designating beneficiaries who will receive ordinary death benefits, if ordinary death benefits become payable on account of your death. You may not designate beneficiaries to receive accidental death benefits. The beneficiaries who are entitled to receive accidental death benefits are mandated by statute.

INSTRUCTIONS

1. Provide the complete name, sex, address, date of birth and relationship of beneficiary(ies).
2. The same person or persons cannot be designated as both primary and contingent beneficiaries. We can make payment to a contingent beneficiary(ies) only if *all* primary beneficiaries die before you do.
3. If a named beneficiary is a minor at the time of your death, his or her benefit will be paid to a duly appointed guardian.
4. Unborn children may not be designated as beneficiaries.
5. Do not alter this form or make stipulations. The use of correction fluid or other alterations on the beneficiary form will render the designation invalid.
6. If you wish to have these benefits distributed through your estate, you should name “my estate” as beneficiary. Your estate can be named as either primary or contingent beneficiary. If you name your estate as a primary beneficiary, you may not name any contingent beneficiary.
7. You can provide for payment to a trust if you have executed a trust agreement or have provided for a trust in your will. Your designation should **include** the name and address of the trustee and the **date the trust agreement was executed**, if your trust is not contained in your will. **IMPORTANT:** Please note that in this type of designation, the trust itself is the beneficiary, *NOT* the person or persons for whose benefit it was established. If the trust expires or is revoked, its designation as beneficiary is no longer effective.
8. Attachments to your beneficiary form are not acceptable. ***If needed, you may double up on lines***, including names, birthdates, addresses and relationships.
9. If more than one beneficiary is named they will share equally unless you indicate percentages for each beneficiary. The total must equal 100%. You may not designate dollar amounts.
10. New beneficiary forms filed will supersede any previous designation. Therefore, if you want to ***add or delete*** a beneficiary, for example a new child, you must include on the new form all beneficiaries you wish to designate.

Before you file this form with the New York State and Local Retirement Systems, did you remember to:

- Complete all required information
- Sign and date the form
- Have the form notarized, and be sure the notary enters his or her date of notary expiration

Mailing Address:
New York State and Local Retirement Systems
Governor Smith State Office Building
Albany New York 12244-0001

PERSONAL PRIVACY PROTECTION LAW

In accordance with the Personal Privacy Law you are hereby advised that pursuant to the Retirement and Social Security Law, the Retirement System is required to maintain records. The records are necessary to determine eligibility for and to calculate benefits. Failure to provide information may result in the failure to pay benefits. The System may provide certain information to participating employers. The official responsible for maintaining these records is Gregory O. Childs, Director of Member Services, New York State and Local Retirement Systems, Albany, New York 12244; telephone number (518) 474-7621.

SOCIAL SECURITY DISCLOSURE REQUIREMENT

In accordance with the Federal Privacy Act of 1974, you are hereby advised that disclosure of the Social Security Account Number is mandatory pursuant to sections 11, 34, 31, and 334 of the Retirement and Social Security Law. The number will be used in identifying retirement records and in the administration of the Retirement System.